

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15266

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
224 East Summer St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months 17 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Phillis Marie Calhoun

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased August 23 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Monroe City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name William Harold Calhoun

13. Birthplace Locasin Montana
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Regina Buckner

15. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Calhoun

(b) Address Monroe City, Mo

17. (a) Burial (b) Date thereof April 10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Rosary Cemetery

18. (a) Signature of funeral director Hanson & Sons

(b) Address Monroe City, Mo

19. (a) Apr 10 - 1944 (b) Otis Hedberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 224 East Summer St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1944 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Resistant to therapy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature OTIS HEDBERG (Name of other) _____

Address Madison, Mo. Date signed 4/9/44

RECEIVED

District Health Officer No. 10

District File Number 5-44-857

Date Filed MAY 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By me

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.